Election



NOTICE OF CANDIDACY (Non- PARTISAN) ______2011

2011 Nunicipal/County

For the office of: SOUTHERN PINES MAYOR Date: 07/14/2011 Candidate ID: 2H4N65 SOUTHERN PINES MAYOR in the I hereby file notice as a candidate for election to the office of _____ Election to be held on _11/08/2011 _____ County. in MOORE I request that my name appear on the ballot as follows: David McNeill Please print or type name above SOUTHERN PINES, NC 28387 340 LAKEWOOD DR Residential Address: (Street, City, ZIP) POST OFFICE BOX 838 Mailing Address if different (POB, City, Zip) Home: (910) 692 - 9180 Cell: (Business: (Check "YES" or "NO" I swear to the following to be true, correct, and complete to the best of my knowledge or belief. | Have you ever been convicted of a felony? (Felony conviction need not be disclosed if the conviction was dismissed as a result of reversal on appeal or resulted in a pardon of innocence or expungement.) If you have been convicted of a felony, you are required to complete the "Candidate Felony Disclosure" form within 48 hours of submitting this notice. GS § 163-106 Signature of Candidate (legal name)_ Certification of Notice of Candidacy I hereby certify that David McNeill the candida (Name as it will appear on ballot) personally appeared before me this day and signed in my presence. Sworn and subscribed before me this ___14th day of Title and signature of certifying Officers State of North Carolina, County of County My commission expires: 1-38-1 Verification by County Board of Elections The undersigned has examined the voter registration records in MOORE WALTER MCNEILL JR to be a registered voter in the municipality/county of

The Notice of Candidacy must be signed in the presence of the chairman, secretary or director of the Board of Elections with which he/she files or a candidate may have his/her signature on the Notice of Candidacy acknowledged and certified to by any officer authorized to administer an oath. (See NCGS § 163-294.2.) In signing his/her notice of candidacy the candidate may use a nickname provided the candidate complies with the requirement specified in GS § 163-106 and GS § 163-323(a).

Information about the powers, duties, and responsibilities of city and county elective offices in North Carolina is available from the School of Government of the University of North Carolina at Chapel Hill at www.sog.unc.edu/programs/cceo. The School of Government provides training, research, and consultation for state and local government officials and citizens.

County Chairman, Secretary or Director:



North Carolina

State Board of Elections 506 N Harrington Street

506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook-Strach Deputy Director – Campaign Reporting RECEIVED

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MOORE BOE

Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173

Fax: (919) 715-8047

Certification to Return to Active Status

This Certification is used by Candidate, Party, PACs and Referendum Committees which have previously filed the Certification of Inactive Status and now wish to return to an active status.

FILED BY: Committee Name: David McNeill Campaign Committee Treasurer Name: John R. Beith Treasurer Address: 187 N Knoll Rd (include city, state, & zip) Southern Pines, NC 28387 Treasurer Phone: 910-692-6682

I certify that the above named candidate/political committee, which has been of inactive status and exempt from filing disclosure reports, intends to accept contributions and/or make expenditures. This intention of activity alters the status of the above named candidate/political committee to active status and requires such committee to begin filing disclosure on the appropriate schedule. All contributions received and/or expenditures made that have not been previously reported will be disclosed on the next scheduled report and all subsequent reports will be filed as scheduled. An amended Statement of Organization (CRO-2100) must accompany this form.

7-14-2011 Date Signed Mch Dymy Signature

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.

 Committee Information Full Name 	rmation		le II) Number	
a: Full Name David McNeill Can	nnaign Committee			<u>, 7 (1999) (19, 19), 29, 39, 19, 19, 19, 19, 19, 19, 19, 19, 19, 1</u>	
	·		d .D	ate Organized	
b. Mailing Address (include City, State and Zip Code)		<u> TORING BUR BUR BUR BUR DE</u>		7/14/2011	
PO Box 838 Southern Pines, NC 28388			Di	ione Number	
			6,11	910-692-9180	
2: Candidate Infor a. Full Name	mation	e. Candidate ID Num	Market and Control Control	mary Committee uty Affiliation	
z. Full vane			Non-partisan		
Walter David McN	eill			cate Non-partican if applicable)	
b. Mailing Address (inc	lude City, State, and Zip Code)	g. Office Sought			
PO Box 838 South	ern Pines, NC 28388	Mayor	Mayor		
c . Phone Number	d. Email Address	li. Next Election Year	i. Jurisdic	tion	
692-9180	dmcneill1@nc.rr.com		Souther	n Pines	
□Email copy o	f notices		2011		
3. Treasurer Infor	mation	4. Custodian of E	ooks Information		
a: Full Name					
John Beith			John Beith b. Malling Address (include City, State, and Zip Code)		
b. Mailing Address (inc	lude City, State, and Zip Code)	b. Mailing Address (II	iciude City, State, and	ZIP Code)	
187 N Knoll Rd, Southern Pines, NC 28387		187 N Knoll Rd,	187 N Knoll Rd, Southern Pines, NC 28387		
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address		
692-6682					
I prefer to receiv				()-3500): [■ Add	
5. Assistant Treasi a. Full Name	AND CONTRACTOR OF THE PROPERTY	Add 6: Account Information Add a Financial Institution		Remove	
a: Full Ivame		First Bank			
b. Mailing Address (inc	lude City, State, and Zip Code)	b. Purpose			
		Campaign operati	ons		
c. Phone Number	d. Email Address	c. Account Code	d, Type		
		1	checking		
Email copy (of notices V				



North Carolina

State Board of Elections

506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook-Strach Deputy Director - Campaign Reporting MOURE COUNTY PUBLIC CO

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Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

FILED BY:

Candidate Name:

Walter David McNeill

Treasurer Name:

John R. Beith

Treasurer Address:

187 N. Knoll Road

(include city, state, & zip)

Southern Pines, NC 28387-2907

Treasurer Phone:

910-692-6682

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in Subchapter VIII. Regulation of Election Campaigns of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

7-20-20/

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.



North Carolina

State Board of Elections

506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook-Strach Deputy Director - Campaign Reporting MODRE COUNTY PUBLIC POBY

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Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

Confidential

Certification of Financial Account Information

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form.

	FIL	ΕĐ	BY:	
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Committee Name:

David McNeill Campaign Committee

Treasurer Name:

John R. Beith

Treasurer Address:

187 N. Knoll Road

(include city, state, & zip)

Southern Pines, NC 28387-2907

Treasurer Phone:

910-692-6682

I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market or savings accounts, or any other financial account used for any purpose by the Committee.

The information provided on this form is considered confidential and is not subject to public disclosure. The information provided would only be used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. It will be necessary to assign each account number an "account code" in order to provide account information on required disclosure reports. If an account number is used as the "account code", confidentiality of the account number is presumed to have been waived.

The treasurer shall maintain all monies of the political committee in a bank account or bank accounts used exclusively by the political committee and shall not commingle those funds with any other monies.

Type of account	Financial Institution	Address	Account Number	Account Code
Checking	First Bank	205 SE Broad St., SP		I

By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided,

07-20-2011

Date Signed

Signature of Candidate or Treasurer

In lieu of providing account information, I certify that this committee will not raise or spend any money except for the filing fee. (Only candidates may choose this option.)